

Suffolk University
Office of Financial Aid
41 Temple Street
Boston, MA 02114
617-573-8470
617-720-3579 (fax)

2009-2010 Business Verification Form

Student Name: _____ **Student ID or SSN:** _____

You indicated on the 2009-2010 FAFSA form or we received documentation indicating that you and /or your parents own a business. Due to a recent change in federal regulations regarding how schools are required to treat business equity for the 2009-2010 academic year, the Financial Aid Office is requesting that you complete this worksheet and return it to the aid office. If you have more than one business, please complete a separate form for each business and indicate the business name on the form.

Is the reported business a family-owned and controlled small business that has 100 or fewer full-time (or full-time equivalent) employees? (Please check the appropriate box below)

- Yes _____
- No _____

If you indicated “No” to the question above, please complete the following

Name of business _____

Current business value \$ _____

Current business debt \$ _____

My signature below certifies that this information is true and accurate.

Student’s signature: _____ **Date:** _____

Parent’s signature: _____ **Date:** _____

(Parent must sign if student is dependent)

***This is the only notice you will receive.
Please return this form within 10 business days.***